

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11446**
Registrar's No. **833**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4464**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OVERLAND	c. LENGTH OF STAY (In this place) 23	c. CITY (If outside corporate limits, write RURAL and give township) OVERLAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10248 NIBLICK		d. STREET ADDRESS (If rural, give location) 10248 NIBLICK DR	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle)	c. (Last) WYLE	4. DATE OF DEATH (Month) (Day) (Year) MARCH 30, 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 21, 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT - RET 20YRS	10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (State or foreign country) LOWELL MICHIGAN	12. CITIZEN OF WHAT COUNTRY? AMERICA
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME KATE M. LAUGHLIN	14. NAME OF HUSBAND OR WIFE ELIZABETH WYLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ELSIE BODEN	ADDRESS = 10248 NIBLICK DR.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b); and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (chronic)		INTERVAL BETWEEN ONSET AND DEATH 7 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 422.2	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 10, 1950**, to **March 30, 1950**, that I last saw the deceased alive on **March 30, 1950**, and that death occurred at **12:50 PM**, from the causes and on the date stated above.

23a. SIGNATURE M. E. Jones M.D.	(Degree or title)	23b. ADDRESS 4500 Olive St St Louis Mo	23c. DATE SIGNED March 31/50
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24a. BURIAL CREMATION REMOVAL BURIAL	24b. DATE APRIL 3-1950	24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES - CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. - MO.
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DATE REC'D BY LOCAL REG. 4-1-50	REGISTRAR'S SIGNATURE Herbert C. Doube M.D.	25. FUNERAL DIRECTOR'S SIGNATURE SHEPARD FUNERAL HOME	ADDRESS = 1167 HAMILTON AVE
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001

4-1-50 F

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Guy W Wilkiner

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.